

A

( ) Other: \_\_\_\_\_

**Filing Fee Calculation**

CLAIMS AS FILED				
FOR	NO FILED	NO EXTRA	RATE	FEE
Total Claims		0	\$9.00	\$ 0.00
Independent Claims		0	\$39.00	\$ .00
Multiple Dependent Claim Fee (if applicable)				\$ 0.00
Assignment Recording Fee (if applicable)				\$ 0.00
Basic Filing Fee				\$ 355.00
Total Filing Fee				\$ 355.00

  X   Check #   1490   for \$  355.00  for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this sheet is enclosed for fee processing.

Respectfully submitted,

By: \_\_\_\_\_

PETER C. SU, ESQ.  
Attorney of Record  
Reg. No. 43,939

Date: March 5, 2001

Correspondence Address:

Fernandez & Associates, LLP  
PO Box D  
Menlo Park, CA 94026-6204  
Phone: 650-325-4999  
Fax: 650-325-1203



22877

PATENT TRADEMARK OFFICE

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

Assistant Commissioner for Patents  
Box Patent Applications  
Washington, D.C. 20231

By: \_\_\_\_\_

Typed Name: Maritza Kidd

Express Mail Label No.: EL690341435US

Date of Deposit: 3/5/2001